

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8632**  
Registrar's No. **2115**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hosp  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 days  
years, months or days

3. (a) PRINT FULL NAME CATHERINE KLUEMPERS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edgar G. Kluempers 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased June 27, 1906  
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 4 If less than one day  
hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter P. Kenney  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Genevieve Sanders  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar G. Kluempers  
(b) Address 4164 N. Grand Blvd.

17. (a) Burial (b) Date thereof 3/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. J. Brundage  
(b) Address 2117 E. Grand Blvd.

19. (a) MAR 2 1940 (b) J. Brundage  
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4164 N. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 8, 1940 to March 1, 1940  
that I last saw her alive on Feb 29, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of brain  
Carcinoma of colon  
Duration 4 months  
18 months

Due to Carcinoma of brain  
Carcinoma of colon

Due to Heart  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of colon  
Of operations opened 11 months ago  
Of autopsy Carcinoma of brain  
Colon & Kidney  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: L

(a) Accident, suicide, or homicide (specify) L  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? L (Specify type of place) (e) Means of injury L

23. Signature J. R. Brundage (M. D. or other) M. D.  
Address Number 1247 Date signed March 7, 1940

417 Highland Ave  
St. Louis, Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision. ....

Signed

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 12117 E. Grand

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**